

State of Alaska FY2011 Governor's Operating Budget

Department of Health and Social Services Medicaid Services Component Budget Summary

Component: Medicaid Services

Contribution to Department's Mission

The Medicaid Services component is responsible for the majority of Medicaid programs, which assist in the provision of adequate and competent medical care to eligible needy persons.

Core Services

- Direct Services provided to the client and processed through the Medicaid Management Information System (MMIS). Direct Services include these service categories: inpatient and outpatient hospital, physician, health clinic, surgical clinic, prescribed drugs, durable medical equipment, prosthetic devices, dental, transportation, physical therapy, occupation.
- Indirect services include payments for insurance premiums (primarily Medicare), contracts for Medicaid operations and cost containment activities, third-party liability services, and supplemental payments to hospitals for uninsured and uncompensated care (Disproportionate Share Hospital program or DSH)
- Medicaid Financing Services for activities that maximize federal funding.

Key Component Challenges

- Revise Medicaid Waiver services rate setting regulations and implement new rate methodologies in late 2010. Adjust to the new rate methodologies in 2011.
- Increase local access to dental health care. This will reduce the costs for Medicaid clients traveling to receive similar care elsewhere in the state.
- Increase pharmacy dispensing fees. The department has finished a survey of costs of dispensing that recommends an increase in dispensing fees for small rural pharmacies with low prescription volume. This increase is necessary to continue to efficiently provide quality pharmacy services by maintaining enough local providers to serve clients' needs. Without an increase in dispensing fees, many of the small "Mom and Pop" pharmacies that Alaskans rely on will not be able to make a profit and stay in business anymore.
- Changes in the pharmacy marketplace necessitate changing the pharmacy reimbursement formula. The marketplace is losing a benchmark for drug pricing.

Significant Changes in Results to be Delivered in FY2011

No significant changes for FY11.

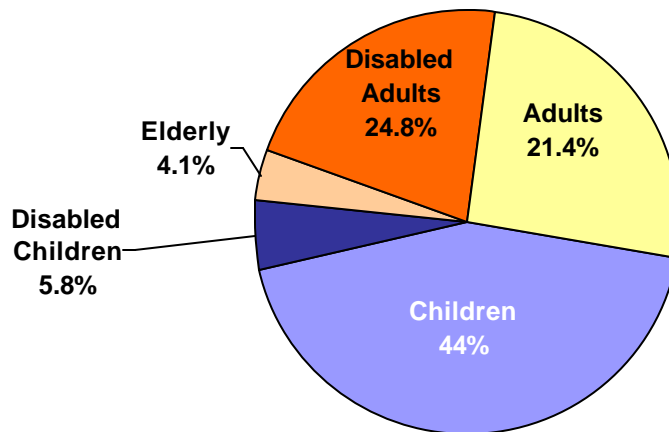
Updated Status for Changes in Results to be Delivered in FY2010

No significant changes for FY10.

Major Component Accomplishments in 2009

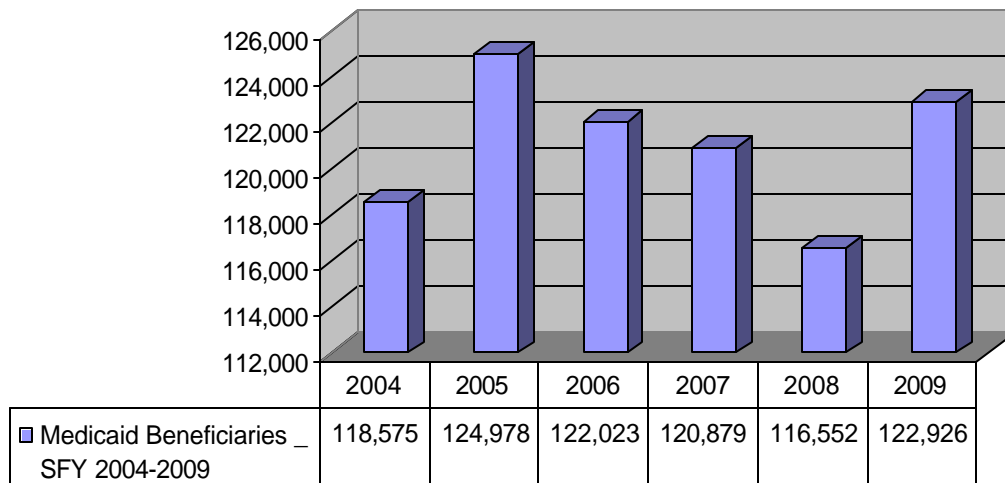
The Health Care Services' Medicaid component funded benefits for approximately 122,296 Medicaid beneficiaries, with total Health Care Services Medicaid expenditures of \$573,459.8. An annual claim cost of approximately \$4,665 per recipient in FY09. Benefits provided to children (standard health care) comprised 44% of claim payments processed in FY09. Benefits provided to adults comprised 21.4%, services to disabled adults 24.8%, services to disabled children 5.8%, and services provided to elderly beneficiaries comprised 4.1% of Health Care Services' Medicaid claim payments.

FY 2009 Health Care Services Medicaid Claim Payments by Benefit Group



Source: MMIS-JUCE data.

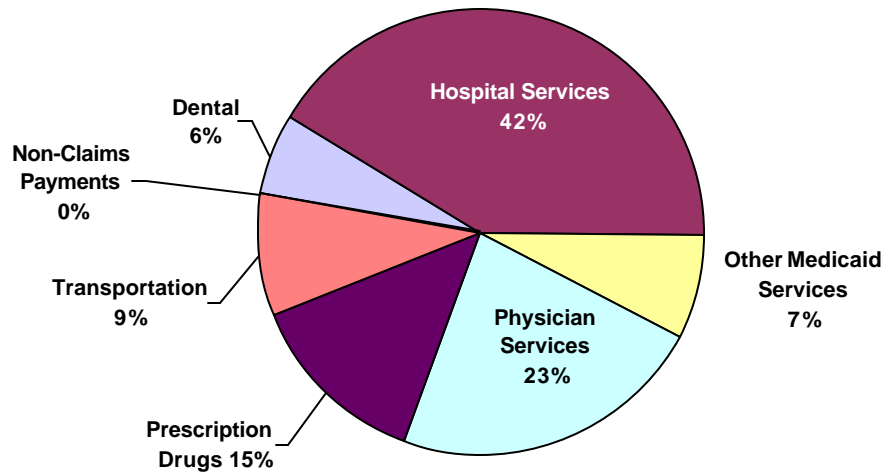
Medicaid Beneficiaries _ SFY 2004-2009



Source: MMIS-JUCE data. Excludes refinancing, Proshare payments, TPL recoveries, drug rebates, pharmacy clawback, and Continuing Care settlements.

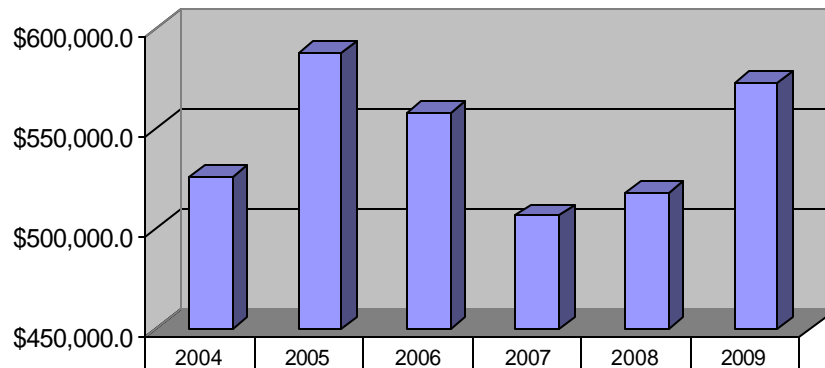
Total payments in FY09 for all services increased by approximately 10.7% from the prior fiscal year. Payments for benefits provided for inpatient and outpatient hospital settings comprised 42% of unadjusted claim costs in FY09. Physician services accounted for 23%, prescription drugs claims 15%, and transportation services accounted for 9% of the cost of services provided directly to Medicaid beneficiaries.

Health Care Services Medicaid FY 2009 Claim Payments by Service Category



Source: MMIS-JUCE. Claim payment costs exclude refinancing, Proshare payments, TPL recoveries, Medicare premium payments for dual eligibles, Continuing Care settlements, and other payments and adjustments made outside the MMIS. Claim costs categories and amounts may not exactly match AKSAS. Prescription drug claim costs include drug rebates but exclude repayments to the federal government for savings due to Medicare Part D for Medicaid clients (clawback).

Claims Payments _ SFY 2004-2009



■ Claims Payments _ SFY 2004-2009	2004	2005	2006	2007	2008	2009
	\$525,882.5	\$588,067.1	\$557,633.3	\$506,497.9	\$517,946.2	\$573,459.8

Source: MMIS-JUCE data. Excludes refinancing, Proshare payments, TPL recoveries, drug rebates, pharmacy clawback, and Continuing Care settlements.

The State Children's Health Insurance Program (CHIP), a component of Denali KidCare, does not face federal financial challenges regarding its future as a result of Childrens Health Insurance Program Reauthorization Act (CHIPRA) and adequate federal funding levels for program operation through 2013. CHIPRA financing provisions were designed to provide adequate federal funding to meet CHIP needs through the following four components:

1. annual allotments;
2. contingency funding;
3. redistribution funding received from states that do not spend their annual allotments in two years; and, in addition,

4. performance bonus payments to incentivize states for the enrollment of the poverty-level Medicaid children, designed to reward states for simplifying enrollment and eligibility criteria, meeting 5 of 8 eligibility simplifications, in addition to meeting base enrollment targets since the goal of CHIPRA is to enroll all low-income children, meaning at or below 200% FPG.

Health care reform legislation, currently being debated in Congress, will likely continue CHIP through 2019 or transition CHIP into the insurance cooperatives or exchanges at the end of 2013. The CHIP is viewed as having been a successful model of health reform that streamlined and simplified children's health insurance coverage for millions of American children in working families preceding the current Congressional discussion.

A concerted effort has been made to refer end stage renal dialysis (ESRD) clients, many of which are over age 65 and likely eligible for Medicare, to the Social Security office to apply for benefits. The intention is to shift some costs to Medicare. The department is eager to change the basis of our reimbursement rates as well. When Medicare concludes with a new rate structure in FY10, the department will follow Medicare guidelines and rates that will be below what Medicaid currently pays, at 100 percent of billed charges.

Statutory and Regulatory Authority

Alaska Statutes:

AS 47.07 Medical Assistance for Needy Persons

AS 47.08 Assistance for Catastrophic Illness and Chronic or Acute Medical Conditions

AS 47.25 Public Assistance

Social Security Act:

Title XVIII Medicare

Title XIX Medicaid

Title XXI Children's Health Insurance Program

Administrative Code:

7 AAC 43 Medicaid

7 AAC 48 Chronic and Acute Medical Assistance

7 AAC 100 Medicaid Assistance Eligibility

Code of Federal Regulations:

Title 42 CFR Part 400 to End

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Medicaid Services Component Financial Summary

All dollars shown in thousands

	FY2009 Actuals	FY2010 Management Plan	FY2011 Governor
Formula Program:			
Component Expenditures:			
71000 Personal Services	0.0	0.0	0.0
72000 Travel	0.0	0.0	0.0
73000 Services	5,868.4	8,448.6	848.6
74000 Commodities	0.0	0.0	0.0
75000 Capital Outlay	0.0	0.0	0.0
77000 Grants, Benefits	606,237.5	646,250.7	680,645.0
78000 Miscellaneous	0.0	0.0	0.0
Expenditure Totals	612,105.9	654,699.3	681,493.6
Funding Sources:			
1002 Federal Receipts	379,482.4	418,442.6	433,809.2
1003 General Fund Match	157,880.1	147,524.5	162,854.7
1004 General Fund Receipts	43,676.2	35,413.9	35,413.9
1007 Inter-Agency Receipts	2,857.4	9,415.4	5,415.4
1108 Statutory Designated Program Receipts	502.2	906.3	906.3
1156 Receipt Supported Services	73.6	750.0	750.0
1168 Tobacco Use Education and Cessation Fund	0.0	0.0	97.5
1212 Federal Stimulus: ARRA 2009	27,634.0	42,246.6	42,246.6
Funding Totals	612,105.9	654,699.3	681,493.6

Estimated Revenue Collections

Description	Master Revenue Account	FY2009 Actuals	FY2010 Conference Committee	FY2010 Authorized	FY2010 Authorized	FY2011 Governor
Unrestricted Revenues						
None.		0.0	0.0	0.0	0.0	0.0
Unrestricted Total		0.0	0.0	0.0	0.0	0.0
Restricted Revenues						
Federal Receipts	51010	0.0	0.0	0.0	0.0	433,809.2
Interagency Receipts	51015	0.0	0.0	0.0	0.0	5,415.4
Statutory Designated Program Receipts	51063	0.0	0.0	0.0	0.0	906.3
Receipt Supported Services	51073	0.0	0.0	0.0	0.0	750.0
Federal Economic Stimulus	51118	0.0	0.0	0.0	0.0	42,246.6
Restricted Total		0.0	0.0	0.0	0.0	483,127.5
Total Estimated Revenues		0.0	0.0	0.0	0.0	483,127.5

**Summary of Component Budget Changes
From FY2010 Management Plan to FY2011 Governor**

All dollars shown in thousands

	<u>General Funds</u>	<u>Federal Funds</u>	<u>Other Funds</u>	<u>Total Funds</u>
FY2010 Management Plan	182,938.4	460,689.2	11,071.7	654,699.3
Adjustments which will continue current level of service:				
-Transfer Funds to Public Health Nursing for Medicaid Administrative Claims	-2,000.0	-2,000.0	0.0	-4,000.0
Proposed budget decreases:				
-Decrease Interagency Receipt Authority for the Discontinued ProShare Program	0.0	0.0	-4,000.0	-4,000.0
Proposed budget increases:				
-Medicaid Growth	17,330.2	17,214.1	0.0	34,544.3
-Improve Medicaid Tobacco Cessation Services	0.0	152.5	97.5	250.0
FY2011 Governor	198,268.6	476,055.8	7,169.2	681,493.6

Component Detail All Funds **Department of Health and Social Services**

Component: Medicaid Services (2077)
RDU: Health Care Services (485)

	FY2009 Actuals	FY2010 Conference Committee	FY2010 Authorized	FY2010 Management Plan	FY2011 Governor	FY2010 Management Plan vs FY2011 Governor	
71000 Personal Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
72000 Travel	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
73000 Services	5,868.4	10,667.4	10,667.4	8,448.6	848.6	-7,600.0	-90.0%
74000 Commodities	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
75000 Capital Outlay	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
77000 Grants, Benefits	606,237.5	646,250.7	646,250.7	646,250.7	680,645.0	34,394.3	5.3%
78000 Miscellaneous	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
Totals	612,105.9	656,918.1	656,918.1	654,699.3	681,493.6	26,794.3	4.1%
Fund Sources:							
1002 Fed Rcpts	379,482.4	419,552.1	419,552.1	418,442.6	433,809.2	15,366.6	3.7%
1003 G/F Match	157,880.1	148,633.8	148,633.8	147,524.5	162,854.7	15,330.2	10.4%
1004 Gen Fund	43,676.2	42,936.3	35,413.9	35,413.9	35,413.9	0.0	0.0%
1007 I/A Rcpts	2,857.4	9,415.4	9,415.4	9,415.4	5,415.4	-4,000.0	-42.5%
1108 Stat Desig	502.2	906.3	906.3	906.3	906.3	0.0	0.0%
1156 Rcpt Svcs	73.6	750.0	750.0	750.0	750.0	0.0	0.0%
1168 Tob Ed/Ces	0.0	0.0	0.0	0.0	97.5	97.5	100.0%
1212 Fed ARRA	27,634.0	34,724.2	42,246.6	42,246.6	42,246.6	0.0	0.0%
General Funds	201,556.3	191,570.1	184,047.7	182,938.4	198,268.6	15,330.2	8.4%
Federal Funds	407,116.4	454,276.3	461,798.7	460,689.2	476,055.8	15,366.6	3.3%
Other Funds	3,433.2	11,071.7	11,071.7	11,071.7	7,169.2	-3,902.5	-35.2%
Positions:							
Permanent Full Time	0	0	0	0	0	0	0.0%
Permanent Part Time	0	0	0	0	0	0	0.0%
Non Permanent	0	0	0	0	0	0	0.0%

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Medicaid Services (2077)
RDU: Health Care Services (485)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2010 Conference Committee To FY2010 Authorized *****												
FY2010 Conference Committee												
	ConfCom	656,918.1	0.0	0.0	10,667.4	0.0	0.0	646,250.7	0.0	0	0	0
1002 Fed Rcpts		419,552.1										
1003 G/F Match		148,633.8										
1004 Gen Fund		42,936.3										
1007 I/A Rcpts		9,415.4										
1108 Stat Desig		906.3										
1156 Rcpt Svcs		750.0										
1212 Fed ARRA		34,724.2										
ADN 06-9-0059 FMAP increase 1.765% Sec 12 Ch 17 SLA2009, P 17, L 24 (HB199)												
	OthApr	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund		-7,522.4										
1212 Fed ARRA		7,522.4										

FMAP Increase 1.765%

Reference: HB 199 Section 12(a) and 12(b), p 17, line 24

Description:

Anticipated federal economic stimulus funding available to replace state funds under the federal medical assistance program (sec. 1905(b), Social Security Act).

When ARRA was originally signed in February 2009, the percentage of Title XIX costs that the federal government would pay (FMAP) increased from 50.53% for FFY 2009 and 51.43% for FFY 2010 to 58.68% for the period from October 2008 through December 2010. Included in ARRA is a provision that allows the FMAP to increase further if a state's unemployment rate exceeds certain thresholds. Alaska reached the first unemployment tier when its unemployment rate averaged 8.5% for three months. This fund change is a result of Alaska reaching the first unemployment tier, which brings Title XIX spending up to a 61.12% FMAP for 2010.

When the calculations were originally made for "FMAP Increase of 6.2%," the amount of fund changes for FFY 2010 were overstated; fund changes were made for an FMAP increase of 8.15 percentage points, which comprised of a 6.2 percentage point FMAP increase and a 1.95 percentage point hold harmless. However, for FFY 2010 the hold harmless should have only been 1.05 percentage points, not the 1.95 percentage points that went into the change record.

Instead of making a change record for 2.44 percentage points, once we include the fact that the federal fiscal years and state fiscal years don't line up, the 2010 change record associated with the FMAP increase to 61.12% is 1.765 percentage points (1 quarter of 2.44 percent and 3 quarters at 1.54 percent).

Fund Change:

-7,522.4 GF

7,522.4 Federal Stimulus

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Medicaid Services (2077)
RDU: Health Care Services (485)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions PFT	PPT	NP
	Subtotal	656,918.1	0.0	0.0	10,667.4	0.0	0.0	646,250.7	0.0	0	0	0
***** Changes From FY2010 Authorized To FY2010 Management Plan *****												
ADN 06-0-0004 Transfer Funding to the Rate Review Component for Internal Auditor III (PCN 06-#623)												
	Trout	-101.7	0.0	0.0	-101.7	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		-50.9										
1003 G/F Match		-50.8										
Transfer \$101.7 from the Medicaid Services component to the Rate Review component to fund PCN 06-#623, an Internal Auditor III. This position is being requested to replace PCN 06-4102, which was deleted 6/30/09 due to the sunset of SB61 (Chapter 10, SLA 2007). Recognizing the value of the work done by this position over the past two years the Division of Health Care Services (HCS) has identified funding to continue the work authorized by SB61.												
Funding for PCN 06-#623 is available in the contractual services line of this component, because the reimbursable services agreement (RSA) between HCS and the Division of Public Health (DPH) for nursing will be less than in previous fiscal years. The time study which is used to generate the amount of funding required for the RSA produced lower results than anticipated. Therefore, not as much funding is needed from HCS to support the DPH RSA for nursing.												
This position identifies cost saving methodologies that reduce the amount of general funds used to pay for Medicaid services. Without adequate controls over Medicaid reimbursement processes, \$130.0 million in Federal matching funds are at risk annually.												
Recognizing the potential to significantly reduce future state general fund expenditures, the Legislature passed SB61 (Chapter 10, SLA 2007) for opportunities and recommendations identified by the Public Health Policy Group (PHPG) Medicaid Review report. The Division of Health Care Services (HCS), Office of Rate Review (ORR) did not have staff available to support implementing and maintaining the SB61 work plan. Therefore, the legislature provided funding for the creation of three Internal Auditor positions: 06-4103, Internal Auditor IV, 06-4101, Internal Auditor III, and 06-4102, Internal Auditor III. In the 2009 legislative session, the legislature did not provide continued funding for these positions. Since funding was not provided for the positions, the PCN's were deleted.												
ADN 06-0-0100 Transfer from Medicaid Asst Admin for Increased Costs of the Affiliated Computer Services Contract												
	Trout	-2,117.1	0.0	0.0	-2,117.1	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		-1,058.6										
1003 G/F Match		-1,058.5										
Transfer funding from the Medicaid Services component to the Medical Assistance Administration (MAA) component for increased costs associated with the Affiliated Computer Services (ACS) contract. ACS is the division's third party payer for all Medicaid claims. The ACS contract has a cost escalation provision that was not previously built into the budget, and that the MAA component is unable to absorb. This transfer is necessary to continue the contract and to assure that providers receive payment for Medicaid services provided.												
In prior years, this cost has been covered through one-time transfers from the Medicaid Services component to the MAA component as this is a cost that will persist into the future it is better to build it into MAA's base.												
	Subtotal	654,699.3	0.0	0.0	8,448.6	0.0	0.0	646,250.7	0.0	0	0	0
***** Changes From FY2010 Management Plan To FY2011 Governor *****												

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Medicaid Services (2077)
RDU: Health Care Services (485)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
Medicaid Growth												
	Inc	34,544.3	0.0	0.0	0.0	0.0	0.0	34,544.3	0.0	0	0	0
1002 Fed Rcpts		17,214.1										
1003 G/F Match		17,330.2										
<p>This increment is necessary to maintain the current level of quality Medicaid health care services for eligible Alaskans. For FY11, Health Care Services' Medicaid costs are projected to grow 2.1% from FY10. Projections for formula growth are based on historical trends in enrollment, utilization, provider reimbursement, and federal financial participation. The formula growth projection does not speculate on future or proposed changes to eligibility, benefits or federal medical assistance percentage (FMAP). The current FY11 forecast (with FMAP 2010) is \$686,782.9 (472,187.6 Federal / 207,455.3 GF / 7,140.0 Other). Projections are revised monthly and this increment request will be revisited for the Governor's Amended budget.</p> <p>Without the increment the state would be forced to reduce eligibility or services currently provided to low income children, pregnant women, persons with disabilities, and the elderly.</p> <p>In recent years the department has implemented Medicaid reforms aimed at improving Medicaid sustainability. Cost containment efforts begun in FY04 have successfully reduced the rate of growth in recent years for direct benefits from a high of 21.5% for 2003. Cost containment has been especially effective in pharmacy services; costs for this category have fallen 27% since the high of \$95.7 million in 2005. Additional enrollment and utilization will contribute to the approximate 2.1% increase in costs forecast for FY11.</p> <p>The Medicaid Services component funds acute health care services such as hospitals, physicians, prescription drugs, dental, and transportation. Providing acute health services through Medicaid improves the department's goal of healthy people in healthy communities. These programs support the department's mission to manage health care for eligible Alaskans in need.</p>												
Transfer Funds to Public Health Nursing for Medicaid Administrative Claims												
	Trout	-4,000.0	0.0	0.0	-3,600.0	0.0	0.0	-400.0	0.0	0	0	0
1002 Fed Rcpts		-2,000.0										
1003 G/F Match		-2,000.0										
<p>This transfer increases efficiency and reduces paperwork by eliminating a budgeted RSA with Health Care Services/Medicaid Services and allowing Public Health Nursing to make their Medicaid administrative claim directly. Nursing supports administration of the Medicaid State Plan by providing outreach, referral, and education to Medicaid eligible children and adults. Medicaid Services has traditionally made the Medicaid administrative claim on behalf of Nursing through an RSA; however, all other sections in the department that have Medicaid administrative claims make their claim directly. Placing the federal and general fund match in the budget of the section responsible for making the match payment is a more effective, efficient and transparent process. This funding allows Nursing to maintain its current level of administrative support to the Medicaid program. The amount of the transfer is based on the budgeted RSA amount. The federal government reimburses 50% of most administrative costs.</p>												
Improve Medicaid Tobacco Cessation Services												
	Inc	250.0	0.0	0.0	0.0	0.0	0.0	250.0	0.0	0	0	0
1002 Fed Rcpts		152.5										
1168 Tob Ed/Ces		97.5										

Modify Medicaid tobacco cessation service coverage to better coordinate and complement the efforts of the Tobacco Quit Line, American Lung Association, and tribal efforts, and assist with public education and partnering with other advocacy groups to deter young kids from starting to smoke or to chew tobacco

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Medicaid Services (2077)
RDU: Health Care Services (485)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
products.												
Objectives of this increment include:												
1) Expand the provider types being able to perform and be reimbursed for tobacco cessation services												
2) Better care and lower tobacco use by Medicaid recipients												
3) Reduce incidence and Medicaid payments for secondary conditions associated with smoking												
4) Expand the number of pharmaceuticals available to the Medicaid population to address tobacco cessation												
5) Focus on pregnant women in an effort to lower and/or eliminate the effects smoking has on the child, i.e. low birth weight, asthma, etc.												
While quantifiable and standardized measures are still in the discussion phase and have to be agreed upon, they could include reduced Medicaid payments addressing secondary conditions associated with smoking as well as the reduced effects of maternal smoking on newborns.												
Decrease Interagency Receipt Authority for the Discontinued ProShare Program												
	Dec	-4,000.0	0.0	0.0	-4,000.0	0.0	0.0	0.0	0.0	0	0	0
1007 I/A Rcpts		-4,000.0										
Decrease interagency (I/A) receipt authority related to the discontinued Private Hospital Proportionate Share (ProShare) program.												
Totals		681,493.6	0.0	0.0	848.6	0.0	0.0	680,645.0	0.0	0	0	0

Line Item Detail
Department of Health and Social Services
Services

Component: Medicaid Services (2077)
RDU: Health Care Services (485)

Line Number	Line Name			FY2009 Actuals	FY2010 Management Plan	FY2011 Governor
73000	Services			5,868.4	8,448.6	848.6
Expenditure Account	Servicing Agency	Explanation		FY2009 Actuals	FY2010 Management Plan	FY2011 Governor
73000 Services Detail Totals				0.0	0.0	848.6
73753	Program Mgmt/Consult	Third party collection contract.		0.0	0.0	848.6
73823	Health	H&SS - Nursing	Medicaid services RSA with Public Health Nursing	0.0	0.0	0.0

Line Item Detail
Department of Health and Social Services
Grants, Benefits

Component: Medicaid Services (2077)
RDU: Health Care Services (485)

Line Number	Line Name		FY2009 Actuals	FY2010 Management Plan	FY2011 Governor
77000	Grants, Benefits		606,237.5	646,250.7	680,645.0
Expenditure Account	Servicing Agency	Explanation	FY2009 Actuals	FY2010 Management Plan	FY2011 Governor
77000 Grants, Benefits Detail Totals			0.0	0.0	680,645.0
77290	Medical Svcs (Tax)	Services for Medicaid Eligible Clients including: Hospital, Physicians, Pharmacy, Dental, Transportation, Lab & X-Ray, Durable Medical Equipment, Audiology, Vision, Physical, Occupational & Speech Therapy, Chiropractic, Home Health & Hospice	0.0	0.0	680,645.0

Restricted Revenue Detail **Department of Health and Social Services**

Component: Medicaid Services (2077)
RDU: Health Care Services (485)

Master Account	Revenue Description	FY2009 Actuals	FY2010 Management Plan	FY2011 Governor
51010	Federal Receipts	0.0	0.0	433,809.2

Detail Information

Revenue Amount	Revenue Description	Component	Collocation Code	AKSAS Fund	FY2009 Actuals	FY2010 Management Plan	FY2011 Governor
57301	Title XIX Map				0.0	0.0	433,809.2
	Medicaid Federal Collections - The bulk of the federal funding for Medicaid Title XIX Medical Assistance Payments comes from claims reimbursed at the federal medical assistance percentage or FMAP. Additional Medicaid federal financial participation rates are IHS (Indian Health Service) at 100% Federal and "Enhanced" FMAP for specific programs. Actual collections are based on the proportion of expenditures eligible for each type of federal reimbursement.						

Restricted Revenue Detail **Department of Health and Social Services**

Component: Medicaid Services (2077)
RDU: Health Care Services (485)

Master Account	Revenue Description	FY2009 Actuals	FY2010 Management Plan	FY2011 Governor
51015	Interagency Receipts	0.0	0.0	5,415.4

Detail Information

Revenue Amount	Revenue Description	Component	Collocation Code	AKSAS Fund	FY2009 Actuals	FY2010 Management Plan	FY2011 Governor
51015	Interagency Receipts	Alaska Psychiatric Institute	6214199	11100	0.0	0.0	5,415.4
I/A - refinancing match from other divisions for DSH and ProSHARE. Exact amounts will vary depending on Upper Payment Limits (UPLs) and date of payment.							

Restricted Revenue Detail **Department of Health and Social Services**

Component: Medicaid Services (2077)
RDU: Health Care Services (485)

Master Account	Revenue Description	FY2009 Actuals	FY2010 Management Plan	FY2011 Governor
51063	Statutory Designated Program Receipts	0.0	0.0	906.3

Detail Information

Revenue Amount	Revenue Description	Component	Collocation Code	AKSAS Fund	FY2009 Actuals	FY2010 Management Plan	FY2011 Governor
54252	Recovd Medicaid Pymt Recovery of overpayment to Medicaid providers discovered through audit.				0.0	0.0	600.0
55922	Stat Desig -Contract SDPR collections are from schools for School Based Claims match.				0.0	0.0	306.3

Restricted Revenue Detail **Department of Health and Social Services**

Component: Medicaid Services (2077)
RDU: Health Care Services (485)

Master Account	Revenue Description			FY2009 Actuals	FY2010 Management Plan	FY2011 Governor
51073	Receipt Supported Services			0.0	0.0	750.0

Detail Information

Revenue Amount	Revenue Description	Component	Collocation Code	AKSAS Fund	FY2009 Actuals	FY2010 Management Plan	FY2011 Governor
51181	DH&SS Medicaid Recov Third party liability recoveries.		6214199	11100	0.0	0.0	750.0

Restricted Revenue Detail **Department of Health and Social Services**

Component: Medicaid Services (2077)
RDU: Health Care Services (485)

Master Account	Revenue Description	FY2009 Actuals	FY2010 Management Plan	FY2011 Governor
51118	Federal Economic Stimulus	0.0	0.0	42,246.6

Detail Information

Revenue Amount	Revenue Description	Component	Collocation Code	AKSAS Fund	FY2009 Actuals	FY2010 Management Plan	FY2011 Governor
51118	Federal Economic Stimulus FY2009/FY2010 Stimulus		6214099	11100	0.0	0.0	42,246.6

Inter-Agency Services
Department of Health and Social Services

Component: Medicaid Services (2077)
RDU: Health Care Services (485)

Expenditure Account		Service Description	Service Type	Servicing Agency	FY2009 Actuals	FY2010 Management Plan	FY2011 Governor
73823	Health	Medicaid services RSA with Public Health Nursing	Intra-dept	H&SS - Nursing	0.0	0.0	0.0
73823 Health subtotal:					0.0	0.0	0.0
Medicaid Services total:					0.0	0.0	0.0
Grand Total:					0.0	0.0	0.0